

**PROFESSIONAL LICENSURE DIVISION[645]**

**Notice of Intended Action**

**Proposing rule making related to licensure and continuing education  
and providing an opportunity for public comment**

The Board of Respiratory Care and Polysomnography hereby proposes to amend Chapter 261, “Licensure of Respiratory Care Practitioners, Polysomnographic Technologists, and Respiratory Care and Polysomnography Practitioners,” and Chapter 262, “Continuing Education for Respiratory Care Practitioners and Polysomnographic Technologists,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is proposed under the authority provided in Iowa Code chapters 148G, 152B and 272C and section 147.76.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code chapters 147, 148G, 152B and 272C.

*Purpose and Summary*

This proposed rule making changes the process of applying for endorsement by requiring an applicant to provide verification of licensure only from the jurisdiction in which the applicant was most recently licensed, by requiring the applicant to disclose public or pending complaints in any other jurisdiction, and by removing notary requirements. This rule making also allows for the verification of active practice in lieu of continuing education during reactivation. This rule making also updates the definitions of “hour of continuing education” and “independent study” and removes the requirement for a posttest.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

A waiver provision is not included in this rule making because all administrative rules of the professional licensure boards in the Professional Licensure Division are subject to the waiver provisions accorded under 645—Chapter 18.

*Public Comment*

Any interested person may submit written or oral comments concerning this proposed rule making. Written or oral comments in response to this rule making must be received by the Board no later than 4:30 p.m. on December 6, 2022. Comments should be directed to:

Janelle Larson  
Professional Licensure Division  
Iowa Department of Public Health  
Lucas State Office Building  
321 East 12th Street  
Des Moines, Iowa 50319  
Phone: 515.725.2488  
Fax: 515.281.3121  
Email: [janelle.larson@idph.iowa.gov](mailto:janelle.larson@idph.iowa.gov)

### *Public Hearing*

A public hearing at which persons may present their views orally or in writing will be held as follows:

December 7, 2022  
8:30 to 9 a.m.

Via video/conference call  
Meeting link: [us02web.zoom.us](https://us02web.zoom.us), click “join”  
Meeting ID: 898 2267 3476  
Passcode: 507434  
Via telephone: 1.312.626.6799

Persons who wish to make oral comments at the public hearing may be asked to state their names for the record and to confine their remarks to the subject of this proposed rule making. In an effort to ensure accuracy in memorializing a person’s comments, a person may provide written comments in addition to or in lieu of oral comments at the hearing.

Any persons who intend to attend the public hearing and have special requirements, such as those related to hearing or mobility impairments, should contact the Board and advise of specific needs.

### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making actions are proposed:

ITEM 1. Amend paragraph **261.2(1)“g,”** introductory paragraph, as follows:

*g.* An applicant who has been a licensed respiratory care practitioner, polysomnographic technologist, or respiratory care and polysomnography practitioner under the laws of another jurisdiction shall provide verification of license(s) license from every the jurisdiction in which the applicant has most recently been licensed. Verification shall be sent directly from the jurisdiction(s) jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction’s board office if the verification provides:

ITEM 2. Amend paragraph **261.3(2)“b”** as follows:

*b.* Provide a ~~notarized~~ copy of the certificate or diploma awarded to the applicant from a respiratory care program in the country in which the applicant was educated.

ITEM 3. Amend paragraph **261.3(5)“b”** as follows:

*b.* A ~~notarized~~ copy of a certificate showing proof of the successful achievement of the certified respiratory therapist (CRT) or registered respiratory therapist (RRT) credential awarded by the NBRC is submitted to the board; or

ITEM 4. Amend paragraph **261.3(5)“c”** as follows:

c. A ~~notarized~~ copy of the score report or an electronic web-based confirmation by the NBRC showing proof of successful completion is submitted to the board.

ITEM 5. Amend paragraph **261.4(6)“b”** as follows:

b. Provide a ~~notarized~~ copy of the certificate or diploma awarded to the applicant from a respiratory care program in the country in which the applicant was educated.

ITEM 6. Amend subparagraph **261.5(1)“a”(2)** as follows:

(2) Provide a ~~notarized~~ copy of the certificate or diploma awarded to the applicant from the program in the country in which the applicant was educated.

ITEM 7. Amend subparagraph **261.5(1)“b”(2)** as follows:

(2) Results of the examinations must be received by the board of respiratory care and polysomnography by one of the following methods:

1. No change.

2. A ~~notarized~~ copy of a certificate showing proof of the successful achievement of the certified respiratory therapist (CRT) or registered respiratory therapist (RRT) credential awarded by the NBRC is submitted to the board; or

3. A ~~notarized~~ copy of the score report or an electronic web-based confirmation by the NBRC showing proof of successful completion of the Therapist Multiple-Choice Examination, State Clinical Examination, or Certified Respiratory Therapist Examination administered by the NBRC is submitted to the board.

ITEM 8. Amend subparagraph **261.14(4)“a”(1)**, introductory paragraph, as follows:

(1) Verification of the license(s) license from every the jurisdiction in which the applicant is or has been licensed and is or has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction(s) jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification from a jurisdiction’s board office if the verification includes:

ITEM 9. Amend subparagraph **261.14(4)“a”(2)**, introductory paragraph, as follows:

(2) Verification of completion of continuing education that conforms to standards defined in 645—262.3(148G,152B,272C) within 24 months immediately preceding submission of the application for reactivation; or verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction within 24 months immediately preceding an application for reactivation.

ITEM 10. Amend subparagraph **261.14(4)“b”(1)**, introductory paragraph, as follows:

(1) Verification of the license(s) license from every the jurisdiction in which the applicant is or has been licensed and is or has most recently been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction(s) jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification from a jurisdiction’s board office if the verification includes:

ITEM 11. Amend subparagraph **261.14(4)“b”(2)**, introductory paragraph, as follows:

(2) Verification of completion of continuing education that conforms to standards defined in 645—262.3(148G,152B,272C) within 24 months immediately preceding submission of the application for reactivation; or verification of active practice, consisting of a minimum of 2,080 hours, in another state or jurisdiction within 24 months immediately preceding an application for reactivation.

ITEM 12. Adopt the following **new** subrule 261.14(5):

**261.14(5)** Submit a sworn statement of previous active practice from an employer or professional associate, detailing places and dates of employment and verifying that the applicant has practiced at least 2,080 hours or taught as the equivalent of a full-time faculty member for at least one of the immediately

preceding years during the last two-year time period. Sole proprietors may submit the sworn statement on their own behalf.

ITEM 13. Amend rule ~~645—262.1(148G,152B,272C)~~, definitions of “Hour of continuing education” and “Independent study,” as follows:

*“Hour of continuing education”* means at least 50 minutes spent by a licensee ~~in actual attendance at and completion of approved continuing education activity~~ completing an approved continuing education activity through live, virtual, online or prerecorded means where the instructor provides proof of completion by the licensee as set forth in these rules.

*“Independent study”* means a subject/program/activity that a person pursues autonomously that meets standards for approval criteria in the rules ~~and includes a posttest.~~

ITEM 14. Amend subrule 262.2(1) as follows:

**262.2(1)** The biennial continuing education compliance period shall extend for a two-year period beginning on April 1 of each even-numbered year and ending on March 31 of the next even-numbered year. Each biennium, the licensee shall be required to complete continuing education that meets the requirements specified in rule ~~645—262.3(148G,152B,272C)~~.

a. For respiratory care practitioner licensees: complete a minimum of 24 hours of continuing education. ~~Twelve of the 24 hours of continuing education shall be earned by completing a program in which the instructor conducts the class in person or by employing an electronic technology that allows for real-time communication between the instructor and licensee.~~

b. For respiratory care and polysomnography practitioner licensees: complete a minimum of 24 hours of continuing education. ~~Twelve of the 24 hours of continuing education shall be earned by completing a program in which the instructor conducts the class in person or by employing an electronic technology that allows for real-time communication between the instructor and licensee. At least 8 hours but not more than 12 hours shall be on sleep-related topics.~~

c. For polysomnographic technologist licensees: complete a minimum of 24 hours of continuing education. ~~Twelve of the 24 hours of continuing education shall be earned by completing a program in which the instructor conducts the class in person or by employing an electronic technology that allows for real-time communication between the instructor and licensee.~~